



# UNITED STATES ADULT SOCCER ASSOCIATION

Member of the United States Soccer Federation  
7000 S. Harlem Ave ~ Bridgeview, IL 60455 ~ (708)496-6870

## League D&O Insurance Form

Email or FAX Completed Form to: [nschmitt@usasa.com](mailto:nschmitt@usasa.com) || 708-496-6879

<b>Member Association Name</b>	<b>State Verification Officer's Name</b>
<b>Date</b>	<b>State Verification Officer's Signature</b>

### LEAGUE NAME

Mailing Address

City

State

ZIP

E-mail

Telephone

Web Site

### PRESIDENT

Mailing Address

City

State

ZIP

E-mail

Telephone

### VICE PRESIDENT

Mailing Address

City

State

ZIP

E-mail

Telephone

### SECRETARY

Mailing Address

City

State

ZIP

E-mail

Telephone

### TREASURER

Mailing Address

City

State

ZIP

E-mail

Telephone

**THIS FORM MUST BE RECEIVED BY THE USASA NATIONAL OFFICE BEFORE YOUR LEAGUE DIRECTORS AND OFFICERS WILL BE INSURED UNDER THIS POLICY. PLEASE USE AN ADDITIONAL SHEET TO LIST OTHER OFFICERS IF NEEDED.**

**NAME**

Mailing Address

City

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Telephone

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